

Written Prior Notice of Evaluation/Re-evaluation and Review of Existing Data

Student _____ Date _____

School _____ Grade _____ Classification _____

Parent Prior Notice for Evaluation for Eligibility for Free Appropriate Public Education under IDEA

We are proposing to evaluate / re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although there may have been interventions implemented, concerns about his/her progress continue. These concerns form the basis for this action. The Procedural Safeguards you have received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Data Reviewed:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Existing evaluation data | <input type="checkbox"/> Information from parent(s) | <input type="checkbox"/> CRTs |
| <input type="checkbox"/> Norm-referenced Test (SAT9, IOWA) | <input type="checkbox"/> Classroom based assessments | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Other _____ | | |

On the basis of the data reviewed, the participants have determined:

- ☐ Existing data are sufficient to determine continued eligibility and the nature and extent of special education and related services needed.
- ☐ Existing data are NOT sufficient to determine continued eligibility and the nature and extent of special education and related services needed.

Additional areas to be assessed _____

- ☐ Parents have a right to and are requesting an assessment to determine continued eligibility.

Areas to be assessed _____

Note: Obtain new Consent for Evaluation before administering additional assessments.

Team Participants	Date of Review _____ Title
_____	Parent (Signature acknowledges copy received)
_____	LEA Representative
_____	Special Education Teacher
_____	Regular Education Teacher
_____	_____
_____	_____

*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent) ☐ Participated via telephone, video conference or other means
- ☐ Copy of this document mailed to parent on (date) _____

[At the conclusion of this re-evaluation process, complete a new "Team Evaluation Summary Report & Notice of Eligibility Determination" form.]